



**Shasta County Health and Human Services Agency
2015-16 Mental Health Plan Quality Management Work Plan**

Introduction

As required by the California State Department of Health Care Services and the Medi-Cal Managed Care Plan, the Shasta County Health and Human Services Agency through its Mental Health Plan (MHP) annually prepares a Quality Management Plan which describes the quality improvement activities, goals and objectives for the MHP.

The purpose of the Quality Management Work Plan is to provide up-to-date and useful information that can be used by internal stakeholders as a resource and practical tool for informed decision making and planning. Below is a Quality Management Program Description and an evaluation of the FY 2014-15 plan.

Quality Management Program Description

Managed Care and Compliance staff are responsible for facilitating Quality Improvement Committee (QIC) meetings and ensuring participants receive up-to-date information. In addition, the QIC ensures that scheduled program updates are provided to the Health and Human Services Agency Cabinet and Expanded Cabinet, and the Mental Health Alcohol and Drug Advisory Board.

The QIC is responsible for monitoring MHP effectiveness. This involves review and evaluation of QM activities, auditing, tracking and monitoring, communication of findings, implementation of needed actions, ensuring follow-up for Quality Management (QM) Program processes, and recommending policy or procedural changes related to these activities.

The QIC monitors:

- 24/7 Crisis Line Response
- Accessibility to Services
- Assessments of Beneficiary and Provider Satisfaction
- Clinical Documentation and Chart Review
- Credentialing Processes
- Cultural Competency Activities
- Notices of Action
- Performance Improvement Projects
- Practice Guidelines
- Resolution of Grievances, Appeals, and Fair Hearings
- Resolution of Provider Appeals
- Training
- Utilization Management/Review



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The QIC is comprised of representatives from Adult and Children's Services, Access Team, Crisis Services, Medical Services, Mental Health Services Act (MHSA), Managed Care, Compliance, Fiscal, Business Office, electronic health records (EHR), contracted providers, Patient Rights, and client/family members.

It is the goal of the QIC to build a structure that ensures the overall quality of services, including detecting both underutilization of services and overutilization of services. This will be accomplished by realistic and effective quality improvement activities and data-driven decision making; collaboration amongst staff, including consumer/family member staff; utilization of technology for data analysis. Executive management and program leadership must be present in order to ensure that analytical findings are used to establish and maintain the overall quality of the service delivery system and organizational operations.

The QIC meets monthly to monitor the status of the above items and make recommendations for improvement. Meeting reminders, information, and minutes are sent in advance and available on the HHS share drive reflecting all activities, reports, and decisions made by the QIC. The QIC ensures that client confidentiality is protected at all times during meetings, in minutes, and all other communications related to QIC activities.

Each participant is responsible for communicating QIC activities, decisions, and policy or procedural changes to their program areas and reporting back to the QIC on action items, questions, and/or areas of concern. In an effort to ensure that ongoing communication and progress is made to improve service quality, the QIC defines goals and objectives on an annual basis that may be directed toward improvement in any area of operation providing specialty mental health services.

The QM Work Plan is evaluated and updated annually by the Quality Assurance Coordinator, QIC, and MHP Management Team. The Managed Care Program is responsible for finalization and submission of the QM Work Plan but will rely on the input and subject matter expertise of program and other work groups as needed to ensure an appropriate plan is written. In addition, QIC will collaborate with other stakeholders, work groups, and committees including but not limited to:

- Mental Health Performance Measures Committee
- MHP Cultural Competency Committee
- Compliance Committee
- Medi-Cal Claiming and Workgroup
- Medical Services Staff Meetings
- Mental Health Alcohol and Drug Programs Board



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- MHP Community Education Committee
- MHP & Public Guardian Placement Meetings
- MHP Clinical Care Meetings
- MHP Electronic Medical Records
- MHP Management Team
- MHSA Advisory Committee
- Organizational Provider Meetings
- Performance Improvement Process Committees
- Shasta County Homeless Continuum of Care
- Suicide Prevention Workgroup
- Utilization Review Committee

2015-2016 Goals and Objectives

The following goals and objectives are based upon the DHCS Managed Care contract requirements for quality improvement work plans and Title 9 requirements in the following areas:

Area 1: Service Delivery Capacity and Timeliness of Service Delivery (DHCS Site Review Protocol FY 2014-2015: 4a, b, c)

The MHP is responsible for the monitoring of service delivery capacity and accessibility of services. The MHP will evaluate the distribution of mental health services by type of service and geography of client within its delivery system and set goals for service delivery. The MHP will set goals and monitor for timeliness of routine mental health appointments and urgent conditions, access to afterhours care, and responsiveness of the 24/7 toll-free line.

Area 2: Beneficiary/Family Satisfaction (DHCS Site Review Protocol FY 2014-2015: 5a, b, c, d)

The MHP is responsible for monitoring beneficiary satisfaction and ensuring that beneficiaries are informed of their rights and the problem resolution process. The MHP may use various methods for evaluating beneficiary satisfaction including: surveys, outreach, education, focus groups, and other related activities. The MHP must evaluate at least annually, beneficiary grievances, appeals, fair hearings and requests for change of providers. The MHP is also responsible for monitoring provider appeals.



Area 3: Safety and Effectiveness of Medication and Clinical Practices (DHCS Site Review Protocol FY 2014-2015: 6; DHCS Contract 22, 23)

The MHP is responsible for monitoring and evaluating its medication practices for safety and effectiveness. (Issues: monitoring standards and protocol, medication consents)

Area 4: Quality Improvement Committee Infrastructure and Activities (DHCS Site Review Protocol FY 2014-2015: 1a, b, c, d, e; 2, 3, 7, 8)

The Committee is required to have a membership of practitioners and providers, as well as beneficiaries who have accessed specialty mental health services through the MHP and family members. Committee members should have active participation in the planning, design, and execution of the QI Program. The Committee should be involved or oversee QI activities including: recommending policy decisions, reviewing and evaluating results of QI activities, instituting needed QI actions, and ensuring follow-up of QI processes. The QI Committee must evaluate the effectiveness of the QI program and work plan and show how QI activities have contributed to improvement in clinical care and beneficiary service. The work plan must monitor previously identified issues, including tracking issues over time and provide evidence of appropriate follow-up activities.

Area 1: Service Delivery Capacity – Goal 1	
Goal 1	The MHP will maintain adequate capacity for delivery of medically necessary specialty mental health services based on geographic area, that are appropriate in number and type of service.
Objective 1	Monitor the number and type of service by geographic area and race/ethnicity, gender, and age and evaluate for appropriate level of service and penetration rates. Make adjustments to service delivery if appropriate.
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Gather and evaluate data on numbers and types of services by: <ol style="list-style-type: none"> a. Geographic area b. Number of Services c. Service type d. Gender e. Race/Ethnicity f. Age 2. Make adjustments to capacity and/or service delivery if need is determined.



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Monitoring Method	<ol style="list-style-type: none"> Client zip code and service type will be gathered from Anasazi billing system. Medi-Cal penetration rate data.
Reporting Frequency	Quarterly
Responsible Partners	<ul style="list-style-type: none"> QI Committee Outcomes, Planning and Evaluation Unit Program Directors and Managers
Reference	<ul style="list-style-type: none"> DHCS Review Protocol, Section I, Subsection 4. a-b. DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services

Area 1: Service Delivery Capacity – Goal 2	
Goal 2	The MHP will maintain adequate capacity for timely delivery of routine specialty mental health services.
Objective 1	Increase the number of Youth clients who receive first clinical assessments within 20 business days from the first request for services from 88% to 92%.
	Action Steps: <ol style="list-style-type: none"> Gather and evaluate data on when clients receive their first clinical assessment based on EHR assessment billing data (or scheduler if applicable). Share data analysis results with Program. If goal is not met, Program will plan and implement actions to achieve the goal.
Objective 2	Maintain number of Adult clients who receive first clinical assessment within 20 business days from the first request for services at 96% or above.
	Action Steps: <ol style="list-style-type: none"> Gather and evaluate data on when clients receive their first clinical assessment based on EHR assessment billing data (or scheduler if applicable). Share data analysis results with Program.



Area 1: Service Delivery Capacity – Goal 2	
	3. If goal is not met, Program will plan and implement actions to achieve the goal.
Objective 3	Increase the number of Adult clients who receive first psychiatric appointment within 30 days of first request for services from 62% to 68%.
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Gather and evaluate data on when adult clients receive their first psychiatric appointment based on EHR scheduling data. 2. Share data analysis results with Program. 3. If goal is not met, Adult Outpatient will plan and implement actions to achieve the goal.
Objective 4	Increase percentage of Youth clients referred to Organizational Providers who are scheduled for an appointment within 10 business days of first request for services by 10%.
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Gather and evaluate data from the EHR scheduler program on availability of Organizational Provider appointments. Include evaluation of reasons for below average numbers. 2. Establish baseline of current percentage of clients who receive an appointment within 10 days of request for services. 3. Establish target based on baseline. 4. Share data analysis results with Program. 5. If goal is not met, Youth Access in conjunction with Organizational Providers will plan and implement actions to achieve the goal.
Monitoring Method	<ol style="list-style-type: none"> 1. Initial assessment data from EHR. 2. Initial psychiatric appointments from EHR Scheduler. 3. Scheduler data on availability of organizational provider initial appointments.
Reporting Frequency	Quarterly
Responsible Partners	<ul style="list-style-type: none"> • QI Committee • Outcomes, Planning and Evaluation Unit • Program Directors and Managers • Organizational Providers



Area 1: Service Delivery Capacity – Goal 2	
	<ul style="list-style-type: none"> Managed Care/QI Unit
Reference	<ul style="list-style-type: none"> DHCS Review Protocol, Section I, Subsection 4.c. 1 DHCS Contract, Exhibit A Attachment 1; 1. Provision of Services, 2. Availability and Accessibility of Services

Area 1: Service Delivery Capacity – Goal 3	
Goal 3	Evaluate crisis prevention and discharge planning activities for clients at risk of hospitalization or that have been hospitalized in the previous 12 months.
Objective 1	Increase percentage of Shasta County adult beneficiaries who receive a follow-up psychiatric appointment within 7 days of discharge from a psychiatric inpatient facility from 34% to 38%. (Data will not reflect those individuals who receive psychiatric care from providers other than Shasta County Mental Health.)
	Action Steps: <ol style="list-style-type: none"> Gather and evaluate data from EHR Scheduler. Share data analysis results with Program. Program will engage in continuous quality improvement process until goal is reached and ongoing to maintain the goal.
Objective 2	95% of Shasta County youth beneficiaries will receive follow up contact within 7 days of discharge from psychiatric inpatient facility. (Data will not reflect those individuals who receive psychiatric care from providers other than Shasta County Mental Health and its contracted organizational providers.)
	Action Steps: <ol style="list-style-type: none"> Gather and evaluate data from EHR Scheduler. Share data analysis results with Program. Program will engage in continuous quality improvement process until goal is reached and ongoing to maintain the goal.



Area 1: Service Delivery Capacity – Goal 3	
Objective 3	<p>75% of Shasta County youth beneficiaries who are prescribed psychotropic medications will receive a follow up appointment with a prescriber within 14 days of discharge from a psychiatric inpatient facility.</p> <p>Data will not reflect those individuals who receive psychiatric care from providers other than Shasta County Mental Health and its contracted organizational providers.)</p>
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Gather and evaluate data from the EHR and Scheduler 2. Share data analysis results with Program and Organizational Providers. 3. Program and Organizational Providers will engage in continuous quality improvement process until goal is reached and ongoing to maintain the goal.
Objective 4	Maintain psychiatric inpatient re-hospitalization within 30 days at 13% or less.
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Gather and evaluate data from the EHR and Urgent Care Database. 2. Share data analysis results with Program. 3. If goal is not met, Program will plan and implement actions to achieve the goal.
Monitoring Method	<ol style="list-style-type: none"> 1. For adults, EHR Scheduling Data for psychiatric appointments. 2. Data from Urgent Care database for discharge date. 3. For youth, data gathered from EHR on SAI appointment with client.
Reporting Frequency	Quarterly
Responsible Partners	<ul style="list-style-type: none"> • QI Committee • Outcomes, Planning and Evaluation Unit • Program Directors and Managers • Organizational Providers
Reference	<ul style="list-style-type: none"> • DHCS Review Protocol, Section I, Subsection 4.c. 2



Area 1: Service Delivery Capacity – Goal 3

	<ul style="list-style-type: none"> DHCS Contract, Exhibit A Attachment 1, 2. Availability and Accessibility of Services
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Area 1: Service Delivery Capacity – Goal 4

Goal 4	Ensure access to after-hours care and the effectiveness of the 24/7 toll-free number.
Objective 1	95% of test calls will be answered and all necessary elements logged on IRSMHS log sheet or in IRSMHS database.
	<p>Action Steps:</p> <ol style="list-style-type: none"> Quarterly training of staff who answer the 24/7 line on required elements and correct logging of information. (OPE and Managed Care) Two (2) total test calls will be performed monthly in English testing specific knowledge elements. Gather and evaluate data. If goal not reached, plan and implement actions to achieve goal.
Objective 2	95% of test calls requiring an interpreter will be completed successfully. Success is defined as: Correct language interpreter is obtained and successfully engages with the caller.
	<p>Action Steps:</p> <ol style="list-style-type: none"> Quarterly training of staff who answer the 24/7 line on required elements and correct logging of information. (OPE and Managed Care) One (1) Spanish language test call performed monthly. One (1) Mien language test calls performed monthly. Gather data and monitor staff performance and language line performance. If goal not reached, plan and implement actions to achieve goal.
Monitoring Method	<ol style="list-style-type: none"> IRSMHS database Test Call Log



Area 1: Service Delivery Capacity – Goal 4	
Reporting Frequency	Quarterly
Responsible Partners	<ul style="list-style-type: none"> • QI Committee • Outcomes, Evaluation and Planning Unit • Managed Care • Transition Admission and Discharge Team • CRRC • Front Office • Answering Service Contractor (if one is contracted with)
Reference	<ul style="list-style-type: none"> • DHCS Review Protocol, Section I, Subsection 4.c. 3, 4 • DHCS Contract, Exhibit A Attachment 1, 1. Provision of Services, 2. Availability and Accessibility of Services

Area 2: Beneficiary/Family Satisfaction – Goal 1	
Goal 1	Conduct client satisfaction surveys (POQI) annually or bi-annually as required by DHCS.
Objective 1	<p>Improve client satisfaction by a 10% increase (from 2014 baseline) of Agree or Strongly Agree in the following areas:</p> <p>Adult</p> <ol style="list-style-type: none"> 1. I like the services that I received here. 2. I was able to get all the services I thought I needed. <p>Youth</p> <ol style="list-style-type: none"> 1. Overall, I am satisfied with the services I received. 2. I got as much help as I needed. <p>Youth Caregiver</p> <ol style="list-style-type: none"> 1. My family got as much help as we needed for my child.
	Action Steps:



Area 2: Beneficiary/Family Satisfaction – Goal 1	
	<ol style="list-style-type: none"> 1. MHP and contracted Organizational Providers will provide surveys to beneficiaries/families and submit results to DHCS. 2. Upon receipt of data from DHCS, QI Committee will evaluate data. 3. Share data analysis with Programs and Organizational Providers. 4. Continue to plan and implement actions to increase beneficiary/family satisfaction.
Objective 2	Beneficiary/family participation and response to Client Satisfaction Survey (POQI) will increase by 10% from the baseline of 2014.
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Provide a quiet area for beneficiaries/families to complete the survey. 2. Provide volunteer support for beneficiaries/families to complete the survey. 3. Explore ideas for incentives for beneficiaries/families to complete the survey. 4. Evaluate survey completion data. 5. Share data with Programs and Organizational Providers. 6. Plan and implement actions to increase beneficiary/family participation.
Monitoring Method	<ol style="list-style-type: none"> 1. Data on survey completion rates. 2. Data analysis from DHCS.
Reporting Frequency	Bi-Annually, or as results are received from DHCS.
Responsible Partners	<ul style="list-style-type: none"> • QI Committee • Outcomes, Evaluation and Planning Unit • Front Office • Organizational Providers • Managed Care
Reference	<ul style="list-style-type: none"> • DHCS Review Protocol, Section I, Subsection 5. A, d • DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program • Title 9, Section 1810.440



Area 2: Beneficiary/Family Satisfaction – Goal 2	
Goal 2	Conduct activities to assess beneficiary/family satisfaction.
Objective 1	80% of adult clients will complete the Recovery Questionnaire (ARC PIP) quarterly.
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Adult Outpatient will encourage use of client recovery questionnaire by case managers. 2. Information regarding questionnaire will be entered into database. 3. Data gathered and compared to adult population. 4. If goal is not met, Program will plan and implement actions to achieve goal.
Objective 2	Upon implementation of MORS, 90% of adult clients will receive a MORS assessment at least quarterly.
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Implement MORS throughout Adult Services as a recovery measurement tool. 2. Analyze MORS implementation from EHR data. 3. Share data analysis with Program. 4. If goal is not met, Program will plan and implement actions to achieve goal.
Objective 3	The Customer Satisfaction Survey Subcommittee will develop/adopt a method for assessing beneficiary/family satisfaction and set goals for assessment activity and satisfaction ratings. Activities may include (but not limited to) develop an effective survey, outreach, education, and focus groups. The committee will obtain participation from consumers, family members, organizational providers, and Shasta County direct care, supervisory, and management staff.
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Create a subcommittee 2. Establish meeting times and reporting times 3. Subcommittee will address Organizational Provider clients and Shasta County Mental Health clients including Transitional Age Youth clients.



Area 2: Beneficiary/Family Satisfaction – Goal 2	
Monitoring Method	<ol style="list-style-type: none"> 1. Data on surveys completed from database. 2. MORS completion data from EHR. 3. Report to QI Committee from Youth and Organizational Providers.
Reporting Frequency	Recovery Questionnaire and MORS Bi-Annually Customer Satisfaction Survey subcommittee - Quarterly
Responsible Partners	<ul style="list-style-type: none"> • Adult and Youth Programs • Outcomes, Planning and Evaluation Unit • Organizational Providers • QI Committee
Reference	<ul style="list-style-type: none"> • DHCS Review Protocol, Section I, Subsection 5. a, d • DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program • Title 9, Section 1810.440

Area 2: Beneficiary/Family Satisfaction – Goal 3	
Goal 3	Evaluate beneficiary grievances, appeals, fair hearings and change of provider requests for quality of care issues.
Objective 1	Grievance and Change of Provider Request issues and resolutions will be reported to QI Committee quarterly and QI Committee will evaluate for quality of care issues.
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Review grievances and change of provider requests quarterly. 2. Identify possible quality of care issues. 3. Share issues with concerned staff/programs. 4. Collaborate with staff/programs to address issues. 5. Managed Care will prepare and present a report quarterly to the QI Committee documenting issues and trends of grievances and change of provider requests. 6. QI Committee will review report and evaluate for quality of care issues. 7. Any issues deemed appropriate for follow up will be addressed and outcomes will be tracked.



Area 2: Beneficiary/Family Satisfaction – Goal 3	
Monitoring Method	<ol style="list-style-type: none"> 1. Managed Care grievance and change of provider logs 2. QI Committee meeting minutes 3. Quality of Care Items for follow up on QI Agendas 4. Development of a recording process for issues identified, actions taken, and resolution.
Reporting Frequency	Quarterly
Responsible Partners	<ul style="list-style-type: none"> • Managed Care • QI Committee • Programs and staff
Reference	<ul style="list-style-type: none"> • DHCS Review Protocol, Section I, Subsection 5. b, c • DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program • Title 9, Section 1810.440

Area 2: Beneficiary/Family Satisfaction – Goal 4	
Goal 4	The QI Program will monitor provider appeals.
Objective 1	100% of provider appeals will be resolved within the timeframes specified in Title 9.
	Action Steps: <ol style="list-style-type: none"> 1. Managed Care will prepare and present a report quarterly to the QI Committee on provider appeal issues, trends, and resolutions.
Monitoring Method	<ol style="list-style-type: none"> 1. Managed Care provider appeal log
Reporting Frequency	Quarterly
Responsible Partners	<ul style="list-style-type: none"> • Managed Care • QI Committee
Reference	<ul style="list-style-type: none"> • DHCS Review Protocol, Section I, Subsection 9



Area 2: Beneficiary/Family Satisfaction – Goal 4

	<ul style="list-style-type: none"> • DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program • Title 9, Section 1810.440
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Area 3: Safety and Effectiveness of Medical and Clinical Practices – Goal 1

Goal 1	Ensure that clinical practices are safe, effective, and support wellness and recovery.
Objective 1	All newly hired staff, in job specifications that require it, will receive the newly developed clinical practice and documentation training within 30 days of hire. (Youth and Adult and Med Support)
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Programs will provide the clinical practice and documentation training and track who attends. 2. Programs will provide data on training attendance to Managed Care. 3. Programs will provide refresher trainings as needed.
Objective 2	Review medication practices for safety and effectiveness Bi-Annually.
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Define the medication practices that will be evaluated for safety and effectiveness. 2. Develop data measures and collection methodologies to monitor medication practices. 3. Conduct audit of medication practices. 4. Evaluate data and report results to QI Committee. 5. MHP will take action if any safety or effectiveness issues are identified.
Monitoring Method	<ol style="list-style-type: none"> 1. Sign-in sheets for trainings. 2. EHR data on staff population who need training. 3. Medication practices monitoring tools. 4. Medication practices audit results.



Area 3: Safety and Effectiveness of Medical and Clinical Practices – Goal 1	
Reporting Frequency	Annually
Responsible Partners	<ul style="list-style-type: none"> • Outpatient Medication Support Services • QI Committee • Managed Care
Reference	<ul style="list-style-type: none"> • DHCS Review Protocol, Section I, Subsection 6 • DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program, 25. Practice Guidelines

Area 4: QI Program and QI Committee – Goal 1	
Goal 1	Improve the practices and effectiveness of the Quality Improvement Program.
Objective 1	The QI Committee will develop a comprehensive method for identifying, addressing, tracking, and evaluating quality of care issues.
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Delegate a subcommittee. 2. The subcommittee will meet and put together recommendations for how to effectively: <ol style="list-style-type: none"> a) identify quality of care issues, b) monitor actions taken, c) track issues and actions taken over time, and d) evaluate and report on effectiveness of actions taken. 3. Subcommittee will report recommendations to QIC. 4. QIC will adopt a method to achieve the goal, test it, and evaluate for effectiveness.
Objective 2	The QI Program will report on quality improvement actions taken by Programs, including performance improvement projects.
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. QI Program staff will survey Program staff for quality improvement activities and report to QIC. Report will include follow-up analysis by Program of effectiveness of QI activities.



Area 4: QI Program and QI Committee – Goal 1	
	2. Performance Improvement Project (PIP) lead staff will report to the QIC quarterly on PIP progress and analysis of effectiveness.
Monitoring Method	QIC will evaluate on an ongoing basis the tools and methods for improving the effectiveness of the QI Program.
Reporting Frequency	Quarterly
Responsible Partners	<ul style="list-style-type: none"> • Children’s Services • Adult Services • Medication Support Services • QI Committee • QI Program
Reference	<ul style="list-style-type: none"> • DHCS Review Protocol, Section I, Subsections 1. a-e, 2, 3, 7, 8 • DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program • Title 9, Section 1810.440

Area 4: QI Program and QI Committee – Goal 2	
Goal 2	Strengthen the infrastructure and effectiveness of the QI Committee
Objective 1	The QI Committee will increase beneficiary and family member involvement in the QI Committee activities, decisions, and oversight.
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. QI Committee will create a plan for engaging in various activities to seek out and involve beneficiary and family members. This may include, but is not limited to, surveys, subgroups, reach out to organizations, hire consumer/family members. 2. Create action items with responsible parties and due dates. 3. Report back to QI Committee. 4. QI Committee will evaluate effectiveness.
Objective 2	The QI Committee will increase participation of direct care staff in the QI Committee activities.



Area 4: QI Program and QI Committee – Goal 2	
	<p>Action Steps:</p> <ol style="list-style-type: none"> 1. Discuss ways to involve direct care staff. 2. Create an action plan for involving direct care staff that includes action items, responsible parties and due dates. 3. Report back to QI Committee. 4. QI Committee will review for effectiveness.
Monitoring Method	<p>Sign-in sheets for meetings. Reports on action items. Feedback from responsible parties, Programs, and direct care staff.</p>
Reporting Frequency	<p>Monthly</p>
Responsible Partners	<ul style="list-style-type: none"> • QI Committee • Direct care staff • Program
Reference	<ul style="list-style-type: none"> • DHCS Review Protocol, Section I, Subsections 1. a-e, 2, 3, 7, 8 • DHCS Contract, Exhibit A Attachment 1; 22. Quality Management Program, 23. Quality Improvement Program • Title 9, Section 1810.440